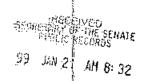
Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REGISTRATION

-obbying Disclosure Act of 1995 (Section 4)

Theok if this is an Amended Registration	1. Effective Date of Registration 1 JAN 99			
. House Identification Number	Senate Identification Number			
Address 400 N. Capitol St. N.W.	Sche Sac D.C. Zip 20001			
Principal place of business (if different from line 3)     City	State/Tip (or Country)			
Telephone number and contact name  (201) 783 - 5300 Contact  General description of registrant's business or activities.	Stephen Sms E-mail (optional)			
labeled "Self" and proceed to line 10.	ration for each cliens. Organizations employing in-house lobbyists should check the bax			
Address 2 Quitan Rd, 10 Box City Comma	2900 State NY Zip 10970			
Principal place of business (if different from line 7)  City	State/7in (or Country)			
3. General description of client's business or activities.  Generic dua Manufa (Am				
LOBBYISTS  O. Name of each individual who has acted or is expected this section has served as a "covered executive brane."	to act as a lobbyist for the client identified on line 7. If any person listed in ch official" or "covered legislative branch official" within two years of first and/or legislative position(s) in which the person served.			
Name	Covered Official Position (if applicable)			
- Stephen E. Sins				
· · · · · · · · · · · · · · · · · · ·				
Form LD-1 (Rev. 06/98)	Page 1			

tegistrant Name Skolac. K	Sime + Asses	Client Name Bar Labor	atoria To	
LOBBYING ISSUE	S	codes listed in instructions and on	<u> </u>	
2. Specific lebbying issues	(current and anticipated) - WAYMAN ACF			
FFILIATED ORGA Is there an entity other to a semiannual period and	han the client that contri	butes more than \$10,000 to the	lobbying activities of the registrant's lobbyi	the registrant in
No ⇒ Go to line	_	Yes   Complete the rest of t	}	•
Name		Address	Principal Place of Business (city and state or country)	
b) directly or inci- activities of the	y that:  0% equitable ownership rectly, in whole or in male client or any organization of the client or any organiactivity?	in the client or any organizatio jor part, plans, supervises, cont on identified on line 13; <b>or</b> zation identified on line 13 and  Yes I Complete the matching the cregistration.	rols, directs, finances	or subsidizes  a the outcome  each entity
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
nature taplan	Sim	Date	19 Jan 99	
nted Name and Title	Stephen F. Sim	s, sole proprieta		
n LD» (Rev. 66/98)	-	,	Ì	Page 2